



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company**

**Statement of Change of Address of the Resident Agent**

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the limited liability company is

Physician Assist LLC

**SECTION II**

The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

35 BROAD ROCK ROAD WAKEFIELD , RI 02879

**SECTION III**

The NEW address of the resident agent is:

No. and Street: 490 MIDDLEBRIDGE RD

City or Town: WAKEFIELD

State: RI Zip: 02879

**SECTION IV**

The change of address of the resident agent shall become effective upon the filing of this statement, or on  
(a date not prior to, nor more than 30 days after, filing this Statement)

**Signed this 5 Day of September, 2012 at 6:16:09 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

JOCELYN COSTA

Signature of Resident Agent

Form No. 642  
Revised 09/07